## CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

## STATEMENT OF ECONOMIC INTERESTS FAIR POLITICAL PRACTICOVER PAGEION



II APR 14 AM II: 28

Please type or print in	ink.	1 APR 14 AM 11:28	· · · · · · · · · · · · · · · · · · ·					
NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)					
BRAND		WILLIAM	C					
1. Office, Agency	, or Court							
Agency Name								
CITY OF RED	ONDO BEACH							
Division, Board, Dep	partment, District, if applicable	Your Position						
DISTRICT TW	0	COUNCIL MEMBER						
► If filing for multipl	e positions, list below or on an attachment.							
Agency:		Position:						
2. Jurisdiction o	f Office (Check at least one box)							
☐ State		☐ Judge (Statewide Jurisdiction	on)					
Multi-County		County of						
City of CITY	OF REDONDO BEACH	Other						
3. Type of States	nent (Check at least one box)							
Annual: The p	eriod covered is January 1, 2010, through De	ecember 31, Leaving Office: Date Lef (Check one)	t					
	covered is, through Dec	cember 31, O The period covered is leaving office.	January 1, 2010, through the date of					
Assuming Office	ce: Date/	<ul> <li>The period covered is of leaving office.</li> </ul>	, through the date					
☐ Candidate: Ele	ection Year Office so	ought, if different than Part 1:						
4. Schedule Sum	nmarv							
	chedules or "None."	► Total number of pages including the	his cover page:					
Schedule A-1 -	Investments - schedule attached	☐ Schedule C - Income Loans &	Business Positions - schedule attached					
=	Investments – schedule attached	·	Schedule D - Income - Gifts - schedule attached					
Schedule B - R	eal Property – schedule attached		Travel Payments - schedule attached					
	-or							
None - No reportable interests on any schedule								
•	cached schedules is true and complete. I act alty of perjury under the laws of the State							
- autility without politic								
Date Signed	03/29/11	Signature						
	(month, day, year)							

## Schedule D Income - Gifts

William C. Brand

## <BLUE> is a required field

NAME OF SOURCE	ADDRESS OF SOURCE (Business Address Acceptable) ZIP CODE	<ul> <li>3 NOTA + and region (1)</li> </ul>	RCE DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
West Basub Municipal Water District	171040 S. Avalon Blvd. Carson, CA 90746-1296	Untility District	05/18/10	\$ 420.00	Ticket to fundraiser for Heal the Bay